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Email Address: FRANCISCORUIZ5858@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
THE BEST USED TIRES, LLC**

Certificate of Status	0
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Page Count	04
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**ARTICLES OF ORGANIZATION
THE BEST USED TIRES, LLC**

The undersigned certifies that he is hereby forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declares that the following Articles shall serve as the Charter and authority for the conduct of business of the limited liability company.

**ARTICLE I
NAME AND PRINCIPAL PLACE OF BUSINESS**

The name of the limited liability company shall be **THE BEST USED TIRES, LLC** and its principal office shall be located at 705 Spruce Street, Lake Placid, Florida 33852, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate. The mailing address shall be P.O. Box 635, Lake Placid, FL 33862.

**ARTICLE II
PURPOSES AND POWERS**

The limited liability company is authorized to engage in any activity or business authorized under the Florida Statutes.

**ARTICLE III
MANAGEMENT**

Management of this limited liability company shall be member managed.

**ARTICLE IV
DURATION**

This limited liability company shall exist perpetually from the date of the filing of these Articles with the Florida Secretary of State, or until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

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ARTICLE V
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is 112 McCoy Drive, Lake Placid, FL 33852 and the name of the company's initial registered agent at that address is **NORMA GONZALEZ**.

The undersigned, being the sole member of the limited liability company, certify that this instrument constitutes the proposed Articles of Organization of **THE BEST USED TIRES, LLC**.

Executed by the undersigned at Sebring, Florida, on this _____ day of September 2022.

Francisco Ruiz
FRANCISCO RUIZ

STATE OF FLORIDA
COUNTY OF HIGHLANDS

The foregoing instrument was acknowledged before me by means of [] physical presence or [] remote online notarization this 19th day of September, 2022, by **FRANCISCO RUIZ**, who is () personally known to me, or who have (X) produced their Florida Driver License as identification who did not take an oath.



GAIL A. LIPSCOMB
Commission # HH 153589
Expires August 26, 2025
Bonded Thru Budget Notary Services

(Affix Seal)

Gail A. Lipscomb
Printed Name: Gail A. Lipscomb
Notary Public, State of Florida
My Commission No.: _____
My Commission Expires: _____


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FLORIDA
NOTARY

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STATEMENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


NORMA GONZALEZ
Registered Agent

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